



Agent Name \_\_\_\_\_  
Phone \_\_\_\_\_  
FAX \_\_\_\_\_  
Email \_\_\_\_\_  
Would you prefer your quote returned by;

FAX or  EMAIL

## LIFE QUOTE SHEET

### CLIENT

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_ Smoker \_\_\_\_\_ Non-Smoker  
\_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ State \_\_\_\_\_

Health Conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prescription Drugs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Face Amount: \$ \_\_\_\_\_

Term or WL or Final Expense \_\_\_\_\_

If Term: Length of Coverage \_\_\_\_\_ yrs

Riders:

\_\_\_\_\_ Waiver of Premium      \_\_\_\_\_ Accidental Death  
\_\_\_\_\_ Childrens Insurance      \_\_\_\_\_ Return of Premium  
\_\_\_\_\_ Other

◆Please note that all benefits are not available with every company◆

**Emrick Insurance Marketing Group**

**800-247-6740**